

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28426

State File No. \_\_\_\_\_

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>346</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0480</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>0480</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>20</u> <u>OR TOWN</u> <u>Kansas City,</u>		c. LENGTH OF STAY (in this place) <u>50 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u> <u>Kansas City, Missouri</u> <u>2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8837 Winner Road</u>				d. STREET ADDRESS (If rural, give location) <u>8837 Winner Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winona</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Harrison</u>			4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>27</u> (Year) <u>1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> <u>2</u>		8. DATE OF BIRTH <u>Dec. 1 1869</u>	
9. AGE (In years, last birthday) <u>83</u>		10. MONTHS <u>8</u>		11. IF UNDER 1 YEAR Days <u>2</u>		12. IF UNDER 12 HRS. Hours <u>2</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Michigan</u> <u>/</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Elijah Lloyd</u>			13b. MOTHER'S MAIDEN NAME <u>Julia A. Glisspie</u>			14. NAME OF HUSBAND OR WIFE <u>J.T. Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Jones (Friend) 2716 Tracy K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Central arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> <u>Months</u>  <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 23, 1952</u> , to <u>Aug. 27, 1952</u> , that I last saw the deceased alive on <u>Aug. 27, 1952</u> and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>4800 E. 24th KC. Mo.</u>		23c. DATE SIGNED <u>8-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn Kas. City, Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

701 Henry  
24th Rue  
No 5949

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Vigil Herrick  
Licensed Embalmer No. 3599  
P. O. Address J. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.